

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS  | ID NO. | DATE    |
|---------------------|-----------|--------|---------|
| FEE DETERMINATION   | <i>MM</i> |        | 9/23/97 |
| O.I.P.E. CLASSIFIER |           |        | 5/9/99  |
| FORMALITY REVIEW    | <i>RD</i> | 05912  | 10/6/99 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here